

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City *St. Louis* (No. *1012^a N 13th St.*)

File No. 3175

Registered No. 198

St.

Ward) 1

2. FULL NAME *Henris Williams*(a) Residence, No. *1012^a N 13th St.*, *25* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Willie Williams*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 1 1889*7. AGE YEARS *47* MONTHS *6* DAYS *2* IF LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *common laborer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *P.W.A. 309*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *monroe la* (STATE OR COUNTRY) *2*13. NAME *Lum Williams*14. BIRTHPLACE (CITY OR TOWN) *la* (STATE OR COUNTRY) *2*15. MAIDEN NAME *Laura P*16. BIRTHPLACE (CITY OR TOWN) *la* (STATE OR COUNTRY) *2*17. INFORMANT *Edith B. Williams* (ADDRESS) *1012^a N 13th St*18. BURIAL, CREMATION, OR REMOVAL PLACE *WASHINGTON PARK* DATE *1-6* 193719. UNDERTAKER *A. H. Walton* (ADDRESS) *2707 S. St. Louis*20. SIGNED *J. H. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-3*, 193722. I HEREBY CERTIFY, That I attended deceased from *1-3*, 1937, to *1-3*, 1937I last saw him alive on *1-3*, 1937. Death is saidto have occurred on the date stated above, at *1-3* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Alcoholism acute
15

Other contributory causes of importance:

Exposure alcohol
1-2-1937

Name of operation Date of operation

What test confirmed diagnosis *clinical exam* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *L. O. Walcott M.D.* M. D.(Address) *1801 W. Jefferson*

JAN 4 1937

